

## **Review of Memorandum of Understanding**

### **Summary of Request**

This report is to provide updates to the Board regarding the Memorandum of Understanding (MOU) between the Texas Department of Aging and Disability Services (DADS) and the Texas Board of Nursing (BON) to implement a statewide pilot regarding telephone on-call services in community based settings provided by Licensed Vocational Nurses (LVNs).

### **Background**

In April 2011, the Board approved agenda item 7. 2 Consideration of a MOU: A Cooperative Agreement between the BON and DADS. During the July 2011 Board meeting, agenda item 6.5 reported on the revisions to the MOU after the passage of SB 1857 during the 82<sup>nd</sup> Legislative Session. See Attachment 1.

The MOU outlines requirements necessary to implement a state-wide pilot program implemented by DADS, and how the program relates to when telephone on-call services may be provided by Licensed Vocational Nurses (LVNs).

Board President, Kristen Benton and BON staff have met regularly with DADS and the Advisory Committee to implement the LVN on-call pilot program. As a result of these meetings an Operational Protocol and Communication Protocol have been developed. See Attachment 2 and 3.

The Operational Protocol identifies a new model that defines the collaborative relationship between the LVN and the RN. This new model will maximize communications between the LVN and the RN in order to develop a team approach for delivering nursing services to meet the on-going and emergent needs of individuals with intellectual and developmental disabilities in the Home and Community-based Services (HCS) program, Texas Home Living (TXHmL) and Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR) (small 1-8 bed and medium 9-13 bed facilities). The Communication Protocol provides specific directions for the LVN when providing on-call telephone services, including instructing the direct support providers to call 9-1-1 in an emergency and when follow-up communication is required to the RN clinical supervisor.

DADS and BON staff have developed trainings to inform RNs, LVNs and their employers about the pilot program participation requirements. These training will be held through-out the state in October and November 2011.

Data collection and evaluation through-out the implementation of the LVN On-Call Pilot Program will be an important element in determining whether LVNs can safely provide telephone services in non-urgent/non-emergency, urgent and emergency conditions and the supervisory criteria required of RNs. The pilot program began September 1, 2011 and runs through September 1, 2015.

**Staff Recommendation:**

This report is for information only.

**Memorandum of Understanding Between the  
Texas Department of Aging and Disability Services  
and the Texas Board of Nursing**

**STATE OF TEXAS**

**COUNTY OF TRAVIS**

**Article I.**

This Memorandum of Understanding (MOU) is entered into between the TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES (DADS) and the TEXAS BOARD OF NURSING (Board), agencies of the State of Texas, as parties.

**Article II.  
Background and Purpose.**

The purpose of this MOU is to outline the requirements that will apply to a state-wide pilot program implemented by DADS, and how the program relates to when telephone on-call services may be provided by a Licensed Vocational Nurse (LVN).

**Article III.  
Definitions**

- A. "Individual" means a person with an intellectual and developmental disability receiving services in a facility or program licensed and/or certified under Section C of this article, as a "Pilot Site".
- B. "Unlicensed assistive person" or "UAP" means an individual, not licensed as a health care provider, who provides services in a facility or program licensed and/or certified under Section C of this article as a "Pilot Site" and who:
- i. is monetarily compensated to provide certain health related tasks and functions in a complementary or assistive role to the licensed nurse in providing direct client care or carrying out common nursing functions;
  - ii. is providing those tasks and functions as a volunteer but does not qualify as a friend providing gratuitous care for the sick under Section 301.004(1), Occupations Code;
  - iii. is a professional nursing student, not licensed as a nurse, providing care for monetary compensation and not as part of their formal education program; or
  - iv. includes, but is not limited to, nurse aides, orderlies, assistants, attendants, technicians, home health aides, medication aides permitted by a state agency, and other individuals providing personal care/assistance with health related services.
- C. "Pilot Site" means:
- i. A small facility with one to eight beds or a medium facility with nine to thirteen beds that is licensed or certified under Chapter 252, Health and Safety Code; or
  - ii. One of the following Section 1915(c) waiver programs administered by DADS, including:
    - a. Home and Community-based Services (HCS) waiver; or
    - b. Texas Home Living (TXHmL) waiver or,
    - c. Any other Section 1915(c) program not specifically identified, which is approved by DADS, in consultation with the Board and the Advisory Committee, prior to participation in the pilot program.
- D. "Operational Protocol" means a comprehensive plan detailing all aspects of the pilot program that will be the working document to guide the pilot program described under this MOU.

**Article IV.  
Advisory Committee**

DADS and the BON will convene an Advisory Committee to:

- a. Advise in the overall implementation of the pilot program described in Article II;
- b. Advise in the development of the Operation Protocol;
- c. Assist in the development of the goals and measurable outcomes as referenced under Article VI;
- d. Review outcomes of the pilot and advise DADS and the BON of future actions;
- e. Make recommendations for corrective actions when data indicate unsafe or ineffective nursing care resulting from the pilot program;
- f. Identify best practices that can be replicated without increasing costs; and
- g. Advise in the development of the Legislative report detailed under Article VI.

The Advisory Committee will include representatives from DADS, the BON, public and private providers, registered and licensed vocational nurses employed in the programs described in Article III.C., and, individuals receiving services in those programs.

**Article V.  
Operational Protocol**

An Operational Protocol will be developed by DADS and the BON in consultation with the Advisory Committee to detail the:

- Specifics of implementing the pilot program referenced in Article II;
- Requirements for conducting the LVN on call pilot program;
- Requirements for data collection and evaluation for the pilot program; and
- Actions to be taken when data indicate that adverse consequences are occurring because of the implementation of the pilot program.

**Article VI.  
Terms of Pilot Programs**

- A. The pilot program will allow LVNs to perform on call services for individuals in the pilot sites.
- B. The LVN on-call pilot program permits an exception to 22 TAC, §217.11 (2) under which LVNs may perform telephone on-call services for individuals in their care. The requirements for the LVN will be detailed in the Operational Protocol.

**C. Data Collection**

Measurable outcomes for evaluating of the pilot program will be developed in consultation with the Advisory Committee. The data collected during the pilot program must allow for the Board and DADS to determine if practices related to LVNs performing telephone on-call services in the pilot settings provide safe, efficacious nursing care. Data will be based on current data available to DADS or the BON upon the signing of this MOU or additional data that DADS or the BON may be required to collect as the result of direction by the 82<sup>nd</sup> Legislature (2011). This section does not prevent DADS, the BON, or the Advisory Committee from collecting or reviewing additional data that may become available and relevant to pilot review.

If information collected demonstrates that the pilot program results in unsafe or ineffective nursing care, the Board and DADS, in consultation with the Advisory Committee shall create a corrective action plan to be implemented by DADS immediately. If the pilot program continues to result in unsafe or ineffective nursing care following the implementation of the corrective action plan, the BON and DADS will have the authority to terminate this MOU and the pilot program.

D. Length of the Pilot Program

The pilot program will commence as soon as possible but no later than September 1, 2011 and will last at least four years. DADS and the BON will submit a status report regarding the pilot programs to the Senate Committee on Health and Human Services and the House Committee on Public Health no later than December 1, 2012. The report will:

- Review and analyze data collected by DADS
- Assess the impact of the pilot on the delivery of services
- Assess the impact of the pilot on assuring the health and safety of the individuals served in the programs under Article III, Section C
- Make recommendations for statutory and funding changes to support the successful practices piloted in the study.

The Advisory Committee will advise DADS and the Board in the development of the report to the above mentioned legislative committees.

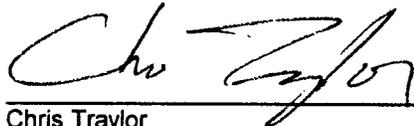
E. Training

All DADS surveyors, providers and nurses listed in programs referenced in Article III, Section C, must be adequately trained about the terms of the MOU and the pilot program prior to their commencement. DADS and the BON, with consultation by the Advisory Committee, will develop the content for training the surveyors, nurses and providers.

This MOU and Pilot Program do not exempt anyone from complying with Texas Occupations Code Chapter 301, Subchapter I; and Chapter 303 pertaining to reporting violations and peer review.

  
\_\_\_\_\_  
Katherine A. Thomas, MN, RN  
Executive Director  
Texas Board of Nursing

6/6/11  
Date Signed

  
\_\_\_\_\_  
Chris Traylor  
Commissioner  
Texas Department of Aging and Disability Services

7-6-11  
Date Signed

**LVN On-Call Pilot  
Operational Protocol**

**Goal of LVN On-Call Pilot**

The goal of the pilot is to evaluate licensed vocational nurses providing On-Call nursing services by telephone to individuals receiving services in the HCS and TxHmL programs and to individuals residing in small and medium ICF/IDD determine if the licensed vocational nurse (LVN) can safely provide On-Call services to these individuals.

**Purpose of Operational Protocol**

The purpose of the Operational Protocol is to identify and document the requirements that apply to the implementation of SB 1857, 82<sup>nd</sup> Legislature, Regular Session/Chapter 161, Subchapter D, Human Resources Code. The legislation requires implementation of a statewide pilot by DADS in collaboration with the Texas Board of Nursing (BON) that expands the scope of practice of the LVN to include telephone On-Call services when acting under the supervision of a RN for persons residing in small and medium ICFs/MR and for persons receiving HCS and TxHmL services. The operational protocol will identify conditions in which the LVN notifies the RN and when the LVN will immediately initiate emergency medical services (EMS). The operational protocol identifies a new model to define the collaborative relationship between the LVN and the RN. This new model will maximize communications between the LVN and the RN in order to develop a team approach for meeting the on-going and emergent needs of individuals in these programs.

**Outcome Measures**

Information and data collected during the pilot will inform future policy regarding On-Call services provided by LVNS.

**DADS and BON**

- Define an Operational Protocol that directs the LVN On-Call Pilot
- Define a process for communication protocol between the LVN providing On-Call services and the RN clinical supervisor that promotes patient safety in HCS and TxHmL programs and small and medium ICF/IDD facilities.
- Identify the criteria necessary for RNs to safely supervise LVNs who provide On-Call services.
- Determine the training standards regarding the LVN On-Call Communication Protocols.
- Identify recommendations for other DADS programs.

**DADS will collect data related to whether:**

9/23/2011

- Is it safe for LVNs to provide On-Call services using the defined process for communication?
- Is it cost effective for LVNs to provide On-Call services?

**BON will collect data to:**

- Identify recommendations for vocational education curriculums.
- Analyze BON complaints and investigatory files received that pertain to the LVN On-Call Pilot to determine safety and efficacy.

**Pilot Participation**

- Providers must receive updates that relate to the HCS/TxHmL/ICF/MR programs by registering at <https://public.govdelivery.com/accounts/TXHHSC/subscriber/new?qsp=307>
- Providers of HCS and TxHmL services and providers of ICF/IDD services in small and medium facilities that use LVNs for telephone On-Call services must participate in the statewide pilot program.
- Providers of HCS and TxHmL services and providers of ICF/IDD services, who choose not to participate in the statewide pilot program, must use RNs for providing On-Call services. This is in accordance with 22 TAC 217.11 (2) , (3) and BON policy.
- Those providers who exclusively use RNs for On-Call services may decide not to participate in the pilot.
- Each participating provider and their nursing staff (RNs and LVNs) must sign an agreement with DADS that indicates full understanding and intent to comply with the terms of the pilot agreement prior to participating.
- The pilot agreements must be submitted to DADS Waiver Survey and Certification at Mail Code E-348, P.O. Box 149030, Austin, TX 78714-9030 prior to participating in the pilot.
- If, at any time during the pilot, a participating provider or staff nurse decides to discontinue participation in the pilot, notification must be sent to DADS Waiver Survey and Certification at Mail Code E-348, P.O. Box 149030, Austin, TX 78714-9030 in order to document this decision.

9/23/2011

- DADS will maintain a list of all providers, RNs and LVNs who are participating in the On-Call Pilot Project.
- AT least two representatives from each provider contracted to deliver ICF/IDD services in small or medium facilities or HCS/TxHmL services (especially the RNs and LVNs they employ/contract), and DADS ICF/MR surveyors and HCS/TxHmL reviewers must attend a DADS sponsored training on the pilot. Training will be provided throughout Texas from October 5 – November 10, 2011 and will be available on the DADS website as a computer-based training (CBT) at the conclusion of the kick-off training sessions to use on an “as needed” basis.

### **Participation Requirements**

In order to ensure each individual’s safety, LVNs participating in the pilot must:

- Have a RN clinical supervisor. Clinical supervision includes monitoring for changes in health needs of the individual, overseeing the nursing care provided and offering clinical guidance as indicated, to ensure that nursing care is safe and effective and provided in accordance with the NSP for the individual;
- Be determined competent by the RN clinical supervisor and have a minimum of 2 years of LVN clinical experience with one of those years providing direct nursing services to individuals with intellectual and developmental disabilities
- Train direct support providers on the importance of communicating changes in condition and any occurrence of the emergency and urgent conditions listed in the communication protocol;
- strictly adhere to the Operational Protocol, Emergency Conditions and Communication Protocols and the Urgent Conditions and Communication Protocols attachments, unless directed otherwise by their RN clinical supervisor;
- Have an established nursing relationship with the individual who is the subject of the call, as evidenced by at least one face-to-face contact and knowledge of the individual’s current health issues and the NSP for the individual. The NSP may be considered the nursing care plan and directs the LVN in appropriate interventions while providing On-Call services;
- provide On-Call services for no more than 100 individuals at one time;
- Prior to the start of the On-Call period, the LVN, with guidance from the RN supervisor, will assure he/she has ready access to an On-Call Reference Resource (either electronic or hard copy) that includes the Emergency and Urgent Condition Communication Protocols, the current NSP, list of medications, and a list of medical diagnoses for each individual in the LVN’s On-Call caseload;

9/23/2011

- between 9/1/11 and 8/6/12 and prior to providing On-Call services, successfully complete HealthSoft's web-based courses\* in:
  - Syndromes and Conditions 1
  - Syndromes and Conditions 2
  - A Care Approach to Seizure Care
  - Promoting Understanding of Neurological Assessment
  - A Caring Approach to Behavioral Issues
- Prior to providing On-Call services, complete a CPR course for health professionals and a first aid course.
- Maintain certificates of successful course and available upon request. These certificates are available to the LVN upon successful completion of a course.
- Complete the LVN On-Call Training. LVNs may choose to take either the face to face joint training by DADS and the BON or a CBT if unable to attend the training in person.
- Complete the DADS computer-based training (CBT) training annually that will include, at a minimum, information regarding the pilot operational protocols, the communication protocols and required documentation of the On-Call services provided. In addition, the LVN must obtain a minimum score of 80 out of a possible 100 on a written exam that will be developed by DADS.

#### **LVN On-Call Communication Protocol**

**The LVN must communicate with the RN clinical supervisor to ensure the safety of the individual at any point during the On-Call Communication Protocols if the individual's condition or situation exceeds the LVN's level of competency.** The LVN must collaborate with the RN to assist in the implementation of the NSP, when providing On-Call services and following up with individuals. However, emergency and urgent situations may arise in which the LVN must provide On-Call and follow-up services.

- 1) For ***Non-emergency and Non-urgent Conditions*** addressed in the NSP, the LVN must utilize the NSP and or principles of first aid for appropriate interventions and must:
  - a. Notify the RN clinical supervisor not more than twelve hours after a non-emergent call (or sooner based on the individual's condition).
  - b. When situations are not addressed in the NSP the LVN must call the RN not more than 12 hours after the initial call.

- 2) For ***Urgent Conditions see Communication Protocols***. Calls received by the LVN for urgent conditions must notify a RN clinical supervisor within one hour of the call or sooner;
- 3) For ***Emergency Conditions see Communication Protocols***. Calls received by the LVN for emergency conditions must direct the caller to activate 911 immediately. The LVN must then immediately call the RN clinical supervisor after each of the following events:
  - a. Directing a caller to activate a 911 call; or
  - b. An individual is evaluated in an emergency room or urgent care treatment center; or
  - c. An individual is admitted to an inpatient facility.
- 4) Notify a RN clinical supervisor within one hour of the call if the individual requires an in person (face to face) focused nursing assessment as the result of a call.
- 5) The LVN must notify the RN immediately if authorizing the administration of a PRN chemical restraint. Note: use of PRN chemical restraints must be addressed in the behavior management plan and referenced in the NSP.
- 6) The LVN must follow-up with the individual within twenty-four hours of the initial call to evaluate the status of the individual's condition (outcome). If the condition that generated the original call is unresolved, the supervising RN must be contacted to assume the management of the individual's care; unless the RN determines the LVN can continue to safely manage the individual's care and documents the decision.

### **Documentation When Using On-Call Communication Protocols**

Accurate and complete documentation is essential and a minimum standard of nursing practice. LVNs and RNs must document the required elements on the DADS form # 2122.

Documentation of the On-Call services provided must be maintained in the individual's record. Providers must enter critical incident data, including information related to On-Call services, into CARE by the end of the month following the event.

**The RN Clinical Supervisor must:**

- Develop the NSP and provide clinical supervision to the LVN who will be providing On-Call services through the NSP,
- Determine if the LVN is competent to provide On-Call services;
- Determine and document for which individuals the LVN may provide On-Call services;
- Determine the LVN's On-Call caseload by taking into consideration the acuity of the individuals and the setting in which the individual's are supported.
- Guide the LVN in the development of the On-Call Reference Resource;
- Depending on the nature of the call, be available telephonically or physically, to the LVN who is providing On-Call services;
- Provide adequate clinical supervision and oversight of nursing care during the On-Call period to ensure nursing care provided by the LVN is effective and safe;
- Assume management of the individual's care if the condition that generated the initial call is unresolved within 24 hours; unless the RN determines the LVN can continue to safely manage the individual's care and documents the decision;
- Document calls received from LVNs who provide On-Call services and any recommendations or directions given to LVNs in a nursing progress note;
- Use the book titled, ***Telephone Triage Protocols for Nurses*** by Julie K. Briggs as a resource when providing telephone triage services to individuals.

**Data Collection and Evaluation**

The data collected during the pilot program must be submitted to allow the BON and DADS to determine if LVNs performing telephone On-Call services in the programs outlined in the legislation provide safe, efficacious nursing care. Results of the pilot program will provide information that will inform future public policy.

Data that will be analyzed includes: pre and post training and pilot program surveys of participating RNs, LVNs, providers, and surveyors/reviewers. Data that will be analyzed includes: costs of nursing services by fiscal year; number of deaths by fiscal year; number of admissions to nursing facilities and inpatient treatment facilities by fiscal year; and results of mortality reviews. In addition, existing critical incident data that includes number of emergency restraints, medication errors and physical injuries will be expanded to include:

- number of On-Call service requests received by RNs and LVNs;
- action taken by RNs and LVNs in response to the calls;

9/23/2011

- The outcome for the individual following the On-Call service.

Currently required critical incident data and mortality review information submitted to DADS by providers will also be analyzed. BON staff will continue to track and trend complaint data submitted to the BON for nursing incidents related to the pilot.

If information collected demonstrates that the pilot program results in unsafe or ineffective nursing care, the BON will work collaboratively with DADS and the advisory committee to develop a corrective action plan that will be implemented immediately. If the pilot program continues to result in unsafe or ineffective nursing care following the implementation of the corrective action plan, the BON retains the authority to terminate the pilot program 30 days after written notice to DADS. *Providers and nurses may report any concerns regarding unsafe or ineffective nursing care directly to Melinda Hester, RN, DNP at 512-305-6841 or [melinda.hester@bon.state.tx.us](mailto:melinda.hester@bon.state.tx.us).*

Communication regarding updates or changes to the LVN On-Call Pilot Project will be posted on the DADS website.

The Pilot Program will begin on September 1, 2011 and will continue through September 1, 2015. Pilot data will be evaluated and reported on every two years from the date the pilot begins. The BON/DADS MOU and Pilot Program do not exempt anyone from complying with Texas Occupations Code Chapter 301, subchapter I. and Chapter 303 pertaining to reporting violations and peer review.

### **RN/LVN Liability**

LVNs are not licensed to practice independently. A LVN must ensure that he or she has a RN clinical supervisor in order to perform On-Call services. The proximity of a RN supervisor depends on the skills and competency of the LVN, patient conditions and practice setting. Direct, on-site supervision may not always be necessary depending on the LVN's skill and competence and should be determined by the RN clinical supervisor on a case-by-case basis while taking the practice setting laws into consideration. The RN clinical supervisor must provide timely and readily available supervision and may have to be physically present to assist LVNs should emergent situations occur.

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<p>This list is not inclusive of all the emergency situations that may arise. The LVN and RN at any point are required to activate EMS if an individual is in a life-threatening situation.</p>	<p>This list is not inclusive of all urgent conditions that may arise. The LVN and RN at any point are required to activate EMS if they believe an individual is in a life-threatening situation.</p>	<p>This list is not inclusive of all non-urgent conditions that may arise. The LVN and RN at any point are required to activate EMS if they believe an individual is in a life-threatening situation.</p>
<p>Calls received by the LVN from Direct Support Providers (DSP) for these emergency conditions must direct the DSP to notify EMS immediately. The LVN must then immediately call the RN clinical supervisor after each of the following events:</p> <ul style="list-style-type: none"> <li>• An individual requires evaluation or transport by EMS (9-1-1); or</li> <li>• An individual is evaluated in an emergency room or urgent care treatment center; or</li> <li>• An individual is admitted to an acute care facility</li> </ul>	<p>Calls received by the LVN from Direct Support Providers (DSP) for urgent conditions require the LVN to notify a RN clinical supervisor within one hour of the call or sooner if indicated.</p>	<p>Calls received by the LVN from Direct Support Providers (DSP) for non-urgent conditions require the LVN to notify a RN clinical supervisor within 12 hours of the call or sooner if indicated.</p>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<p>The LVN must assure that EMS has been activated in these situations and then immediately call the RN clinical supervisor to report the emergency. The RN must follow-up on the individual's emergency condition.</p>	<p>For these urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid and notify the RN clinical supervisor within one hour of the call or sooner.</p>	<p>For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid and notify the RN clinical supervisor within 12 hours of the call or sooner.</p> <p>If any non-urgent conditions are not addressed in the NSP, the LVN should apply basic nursing principles and first aid and notify the RN clinical supervisor no more than 12 hours after the initial call.</p>
<p>If after an in person (face-to-face) focused assessment, the LVN determines an emergency condition exists, the LVN should instruct the DSP to call 911 and notify the RN clinical supervisor immediately.</p>	<p>Notify a RN clinical supervisor within one hour of the call if the individual requires an in person (face-to-face) focused assessment as the result of a call.</p>	

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
	<ul style="list-style-type: none"> <li>The LVN must follow-up with the individual within twenty-four hours of the initial urgent call to evaluate the status of the individual's condition (outcome). If the condition that generated the original call is unresolved, the supervising RN must be contacted to assume the management of the individual's care; unless the RN determines the LVN can continue to safely manage the individual's care and documents the decision.</li> </ul>	<ul style="list-style-type: none"> <li>The LVN must follow-up with the individual within twenty-four hours of the initial non-urgent call to evaluate the status of the individual's condition (outcome). If the condition that generated the original call is unresolved, the supervising RN must be contacted to assume the management of the individual's care; unless the RN determines the LVN can continue to safely manage the individual's care and documents the decision.</li> </ul>

<b>Behavioral or Psychiatric Conditions</b>		
<ul style="list-style-type: none"> <li>For life threatening injuries see emergency conditions</li> </ul>	<ul style="list-style-type: none"> <li>Physical aggression that results in physical harm or actual physical contact with staff or other individuals</li> </ul>	<ul style="list-style-type: none"> <li>For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid and notify the RN clinical supervisor within 12 hours of the call or sooner.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
	<b>Notification of emergency restraints</b> <ul style="list-style-type: none"><li>• The LVN must call the RN immediately if authorizing the use of a chemical restraint</li><li>• The use of a prn chemical restraint must be addressed in the behavior management plan and referenced in the NSP</li></ul>	

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Cardiovascular Conditions</b>		
<b>Chest Pain – with:</b> <ul style="list-style-type: none"> <li>• Left-sided pain; and/or</li> <li>• Pain radiating to jaw; and/or</li> <li>• Chest Pressure; and/or</li> <li>• Shortness of Breath; and/or</li> <li>• Sweating; and/or</li> <li>• Nausea; and/or</li> <li>• Dizziness; and/or</li> <li>• Changes in vital signs; and/or</li> <li>• Pain is unrelieved after 10 minutes</li> </ul>	<b>Chest Pain</b> <ul style="list-style-type: none"> <li>• Relieved <u>immediately</u> with rest, <u>with</u></li> <li>• Stable vital signs</li> <li>• <u>And without</u> other signs/symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid and notify the RN clinical supervisor within 12 hours of the call or sooner.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Other Cardiac Signs/Symptoms</b> <ul style="list-style-type: none"> <li>• Systolic blood pressure over 180; or</li> <li>• Diastolic blood pressure over 110; or</li> <li>• Elevated blood pressure <u>with</u> <ul style="list-style-type: none"> <li>• Chest pain; or</li> <li>• Shortness of breath; or</li> <li>• Severe headache, blurred vision, drowsiness, confusion; or</li> <li>• Severe weakness, dizziness, lightheadedness; or</li> <li>• Persistent nosebleed</li> <li>• Pink frothy or blood tinged sputum</li> </ul> </li> </ul>	<b>Other Cardiac Signs/Symptoms</b> <ul style="list-style-type: none"> <li>• Shortness of breath with activity; and/or</li> <li>• Significant edema of extremities; and/or</li> <li>• Excessive fatigue; and/or</li> <li>• Dizziness; and/or</li> <li>• Blood Pressure above 160/100</li> </ul>	<b>Other Cardiac Signs/Symptoms</b> <ul style="list-style-type: none"> <li>• Minimal edema of extremities; or</li> <li>• Fatigue; or</li> <li>• Blood pressure over 150/90; or</li> <li>• Sustained blood pressure over 140/90; or</li> <li>• For other non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>
<b>Ear, Eye, Nose, and Throat Conditions</b>		

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Ears</b> <ul style="list-style-type: none"> <li>• Severe pain; and/ or</li> <li>• Severe itching; and/or</li> <li>• Severe swelling; and/or</li> <li>• Bleeding from ear</li> </ul>	<b>Ears</b> <ul style="list-style-type: none"> <li>• New change or loss in hearing; and/or</li> <li>• Pain; and/or</li> <li>• Itching; and/or</li> <li>• Red; and/or</li> <li>• Swelling</li> </ul>	<ul style="list-style-type: none"> <li>• For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>
<b>Eyes</b> <ul style="list-style-type: none"> <li>• Chemical splash in eye; or</li> <li>• Object stuck in eye; or</li> <li>• Hit in the eye               <ul style="list-style-type: none"> <li>○ with loss of vision; or</li> <li>○ with clear jelly like</li> <li>○ discharge; or</li> <li>○ persistent or severe pain</li> </ul> </li> </ul>	<b>Eyes</b> <ul style="list-style-type: none"> <li>• Red, crusty or draining eyes; and/or</li> <li>• Eyelids stuck together; and/or</li> <li>• Excessive discharge or tears; or</li> <li>• Sty interfering with vision with redness spreading to entire lid</li> </ul>	<ul style="list-style-type: none"> <li>• For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>
<b>See Neurological Conditions – Head Injury</b>	<b>Nose</b> <ul style="list-style-type: none"> <li>• Change in the color of nasal mucous;               <ul style="list-style-type: none"> <li>○ Yellow or green mucous</li> </ul> </li> <li>• Nosebleed – unable to stop</li> </ul>	<ul style="list-style-type: none"> <li>• For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Throat</b> <ul style="list-style-type: none"> <li>• <b>Difficulty breathing; or</b></li> <li>• <b>Swelling of throat</b></li> </ul>	<b>Throat</b> <ul style="list-style-type: none"> <li>• <b>Swollen neck glands; and/or</b></li> <li>• <b>Redness with or without pustules; and/or</b></li> <li>• <b>White tongue; and/or</b></li> <li>• <b>Difficulty swallowing; and/or</b></li> <li>• <b>Cough with yellow or green phlegm</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</b></li> </ul>

# LVN On-Call Communication Protocols

---

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b>  <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b>  <b>- Notify RN within 12 hours -</b>
<b>Gastrointestinal Conditions</b>		

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<p><b>Abdominal Pain – <u>with</u>:</b></p> <ul style="list-style-type: none"> <li>• Severe pain; or</li> <li>• Vomiting <u>bright red</u> blood or dark, “coffee-grounds” emesis; or</li> <li>• Vomiting with dehydration</li> <li>• Frequent “black, tarry” stools; or</li> <li>• Large amount of bright blood in the stool; or</li> <li>• Passing “blood clots” in stool</li> </ul>	<p><b>Abdominal Pain – <u>with</u>:</b></p> <ul style="list-style-type: none"> <li>• Persistent vomiting; and/or</li> <li>• Fecal-odor of breath or emesis; and/or</li> <li>• Fever with elevated temperature above 101° F; and/or</li> <li>• No bowel movement in 3 days</li> </ul>	<p><b>Abdominal Pain – <u>with</u>:</b></p> <ul style="list-style-type: none"> <li>• Minor discomfort; and/or</li> <li>• Episodic nausea, vomiting; and/or</li> <li>• Stomach pain after eating, drinking, or taking certain medications; and/or</li> <li>• Diarrhea; and/or</li> <li>• Constipation unrelieved by prescribed laxative; and/or</li> <li>• Change in individual’s bowel pattern; or</li> <li>• For other non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>General Health Changes</b>		
<b>Change in health condition:</b> <ul style="list-style-type: none"> <li>• <b>Bleeding</b> <ul style="list-style-type: none"> <li>○ Unable to stop or control; or</li> <li>○ Large amount</li> </ul> </li> </ul>	<b>Change in health condition:</b> <ul style="list-style-type: none"> <li>• Not eating or drinking; or</li> <li>• Lethargy</li> <li>• Fever – with elevated temperature above 101°F</li> </ul>	<b>Change in health condition:</b> <ul style="list-style-type: none"> <li>• Change in or loss of appetite; and/or</li> <li>• Moderately high fever – with temperature above 100.2°F; or</li> <li>• For other non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Genitourinary Conditions</b>		
<b>Changes in Urinary Function</b> <ul style="list-style-type: none"> <li>• Unable to void</li> </ul>	<b>Changes in Urinary Function</b> <ul style="list-style-type: none"> <li>• Difficulty urinating; and/or</li> <li>• Decrease in urine output; and/or</li> <li>• No urine output for 6-8 hours; and/or</li> <li>• Pain or burning on urination; and/or</li> <li>• Foul smelling; and/or</li> <li>• Dark or cloudy in color; and/or</li> <li>• Frequency or urgency; and/or</li> <li>• Blood in urine</li> </ul>	<ul style="list-style-type: none"> <li>• For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Injury-Related Conditions</b>		
<b>Accidental injuries, such as slips, trips or falls that result in:</b> <ul style="list-style-type: none"> <li>○ Exposed bones; or</li> <li>○ New body/bone deformity; or</li> <li>○ Swelling of injured area; or</li> <li>○ Skin is pale, cold or numb; or</li> <li>○ Limited movement due to pain</li> </ul>	<ul style="list-style-type: none"> <li>● Accidental injuries, such as slips, trips or falls that result in abrasions or bruising; or</li> <li>● Injuries of unknown origin or are suspicious in nature</li> </ul>	<ul style="list-style-type: none"> <li>● For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<p><b>Life-threatening abuse or neglect situations:</b></p> <ul style="list-style-type: none"> <li>• Reported to local law enforcement immediately; and/or</li> <li>• Reported to the Department of Family and Protective Services at 1-800-252-5400. This Abuse Hotline is toll-free 24 hours a day, 7 days a week, nationwide.</li> <li>• Reports can also be made via a secure website at <a href="http://www.txabusehotline.org">www.txabusehotline.org</a></li> </ul>	<ul style="list-style-type: none"> <li>• Allegations of abuse or neglect</li> </ul>	
<ul style="list-style-type: none"> <li>• For life-threatening injuries see all Emergency Conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Self-injurious behavior not addressed in behavioral management plan, such as biting; or head banging</li> </ul>	
<p align="center"><b>Medication or Diagnosis Changes or Concerns</b></p>		

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
	<ul style="list-style-type: none"> <li>• Reports of new medical diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>• For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>
	<ul style="list-style-type: none"> <li>• Reports of medication errors</li> </ul>	
	<ul style="list-style-type: none"> <li>• Reports that prescribed medication is not available</li> </ul>	
	<ul style="list-style-type: none"> <li>• Requests to administer initial doses of new medications</li> </ul>	
	<ul style="list-style-type: none"> <li>• Requests to administer prn medications</li> </ul>	

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Metabolic Conditions</b>		
<b>High Blood sugar</b> <ul style="list-style-type: none"> <li>• Above normal range               <ul style="list-style-type: none"> <li>○ Unconscious; or has an</li> <li>○ Altered mental state; and/or</li> <li>○ Deep and rapid breathing; and/or</li> <li>○ Fruity smell to breath; and</li> <li>○ Persistent vomiting</li> </ul> </li> </ul>	<b>High Blood sugar</b> <ul style="list-style-type: none"> <li>• Above normal range               <ul style="list-style-type: none"> <li>○ If blood sugar exceeds upper limits of individual's sliding scale, or</li> <li>○ Upper range of sliding scale with associated symptoms; or</li> <li>○ Persistent vomiting for greater than 12 hours; or</li> <li>○ Unable to keep medication down</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>
<b>Low Blood sugar</b> <ul style="list-style-type: none"> <li>• Below normal range               <ul style="list-style-type: none"> <li>○ Unable to take oral glucose; or</li> <li>○ Unresponsive to oral glucose; or</li> <li>○ Unconscious; or has an</li> <li>○ Altered mental state; or</li> <li>○ Persistent vomiting</li> </ul> </li> </ul>	<b>Low Blood sugar</b> <ul style="list-style-type: none"> <li>• If blood sugar is less than 80 and unresponsive to measures to raise blood sugar</li> </ul>	<ul style="list-style-type: none"> <li>• For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Neurological Conditions</b>		
<ul style="list-style-type: none"> <li>• Possible neck injury; or</li> <li>• Unconsciousness – or Loss Consciousness</li> </ul>	<b>Change in Level of Consciousness:</b> <ul style="list-style-type: none"> <li>• Minor confusion – i.e. does not remember date/day of week but level of consciousness &amp; orientation otherwise “normal for individual; and/or</li> <li>• Unsteady gait or movements;</li> <li>• <u>With</u> vital signs stable <u>and</u></li> <li>• <u>Without</u> other signs of distress</li> </ul>	<ul style="list-style-type: none"> <li>• For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<p><b>Changes in Condition:</b></p> <ul style="list-style-type: none"> <li>• Decreased level of consciousness; and/or</li> <li>• Sudden weakness on one side; and/or</li> <li>• New facial droop; and/or</li> <li>• New speaking difficulty; and/or</li> <li>• Sudden vision loss or significant change in vision; and/or</li> <li>• Very high fever – temperature above 104° F</li> </ul>	<p><b>Changes in Condition:</b></p> <ul style="list-style-type: none"> <li>• Dizziness, uncoordinated movements, unsteady gait; and/or</li> <li>• New onset of tremor; and/or</li> <li>• Headache unrelieved by PRN analgesic; and/or</li> <li>• Recurrent headache; and/or</li> <li>• Unexplained sedation, decrease in energy; and/or</li> <li>• High fever – temperature above 102° F - unrelated to known infection/illness</li> </ul>	<p><b>Changes in Condition:</b></p> <ul style="list-style-type: none"> <li>• Headache, minor; and/or</li> <li>• Moderately high fever – temperature above 100.2° F; or</li> <li>• For other non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Head Injury – <u>with</u>:</b> <ul style="list-style-type: none"> <li>• Loss of consciousness or changes in consciousness; or</li> <li>• Blurred vision; or</li> <li>• Disorientation; or</li> <li>• Dizziness, uncoordinated movements, frequent falls; or</li> <li>• Sedation or diminished response to stimuli</li> <li>• Nausea &amp; vomiting; or</li> <li>• Bleeding from ears; or</li> <li>• Changes in vital signs; or</li> <li>• Headache – severe or increasing</li> </ul>	<b>Head Injury – <u>with</u>:</b> <ul style="list-style-type: none"> <li>• Open laceration; and/or</li> <li>• Headache requiring analgesic</li> </ul>	<b>Head Injury – <u>minor</u> – <u>with</u>:</b> <ul style="list-style-type: none"> <li>• Stable vital signs; and/or</li> <li>• Local contusion or abrasion at point of impact; and/or</li> <li>• No visible evidence of injury; and/or</li> <li>• No signs of distress; or</li> <li>• For other non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<p><b>Seizures</b></p> <ul style="list-style-type: none"> <li>• Tonic-Clonic seizure lasting longer than 5 minutes; or</li> <li>• First seizure with no prior history; or</li> <li>• Repeated Tonic-Clonic seizures; or</li> <li>• Changes in vital signs or other signs of distress</li> </ul>	<p><b>Seizures</b></p> <ul style="list-style-type: none"> <li>• Not called to EMS; but</li> <li>• Lasting more than 4 minutes; or</li> <li>• Occurring more frequently; or</li> <li>• Clusters of non-convulsive seizures; or</li> <li>• Atypical seizure activity for an individual with a known seizure disorder</li> </ul>	<p><b>Seizures</b></p> <ul style="list-style-type: none"> <li>• Not called to EMS; <u>and</u></li> <li>• Lasting less than 4 minutes; <u>and</u></li> <li>• Without change in vital signs or other signs of distress; and</li> <li>• Seizure activity consistent with the individual's history; or</li> <li>• For other non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Pregnancy Related Conditions</b>		
<ul style="list-style-type: none"> <li>• <b>Vaginal bleeding</b> <b>Significant amount</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Severe pain in abdomen; or</b></li> <li>• <b>Severe headache; or</b></li> <li>• <b>Absence or decrease in fetal movements; or</b></li> <li>• <b>Rupture of membranes with meconium staining or blood; or</b></li> <li>• <b>Injury or blow to abdomen</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>For non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</b></li> </ul>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Respiratory Conditions</b>		
<b>NO Breathing – or Difficulty Breathing – <u>with</u></b> <ul style="list-style-type: none"> <li>• Cyanosis – blue lips and/or skin; and/or</li> <li>• Chest Pain; and/or</li> <li>• Pink frothy or blood tinged sputum; and/or</li> <li>• Worsens with deep breath; and/or</li> <li>• Severe wheezing unrelieved by inhaled medications; and/or</li> <li>• Accompanied by allergy signs/symptoms: Face/Airway swelling, itching, flushing, hives</li> </ul>	<b>Respiratory Changes:</b> <ul style="list-style-type: none"> <li>• Cough or congestion <u>with</u></li> <li>• Elevated Temperature above 101° F; and/or</li> <li>• Wheezing which requires increased use of prescribed inhaled medication</li> </ul>	<b>Respiratory Changes:</b> <ul style="list-style-type: none"> <li>• Cough or congestion <u>with</u></li> <li>• Minor wheezing which resolves with use of prescribed inhaled medication; or</li> <li>• For other non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>
<b>Choking/airway obstruction unresolved with abdominal thrusts</b>	<b>Choking/airway obstruction that required abdominal thrusts to clear</b>	<b>Minor choking episode cleared by the individual through an effective cough</b>

# LVN On-Call Communication Protocols

September 23, 2011

<b>Emergency Conditions and Communication Protocols</b> <b>** Call 911 **</b> <b>- Notify RN Immediately -</b>	<b>Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 1 hour -</b>	<b>Non-Urgent Conditions and Communication Protocols</b> <b>- Notify RN within 12 hours -</b>
<b>Skin Conditions</b>		
<ul style="list-style-type: none"> <li>• Skin burned and is blistered, red, white or charred in appearance with severe pain; or</li> <li>• Laceration and unable to stop bleeding</li> </ul>	<ul style="list-style-type: none"> <li>• Any new burn, not called to 911; or</li> <li>• Painful blisters; or</li> <li>• Red streaks extending from an existing wound; or</li> <li>• Existing or healing wound begins to have redness, swelling, pain, drainage; or</li> <li>• Severe bruising</li> </ul>	<ul style="list-style-type: none"> <li>• New bruise, abrasion, cut, scrape, rash; and/or</li> <li>• More than 5 years since last tetanus shot; and/or</li> <li>• Dirt embedded in a scrape that cannot be removed with gentle cleansing; or</li> <li>• For other non-urgent conditions, the LVN should apply interventions from the Nursing Service Plan (NSP) or principles of first aid.</li> </ul>

**References:**

American Red Cross. (2006). *First aid and emergency preparedness: Quick reference guide*. China: The American Red Cross.

Briggs, J. K. (2007). *Telephone triage protocols for nursing*. Philadelphia: Wolters Kluwer – Lippincott Williams & Wilkins.

MHMR of Tarrant County. (2011). *Nursing decision tree*.

HealthSoft Inc. (2003). *Healthcare protocols guidelines*. Retrieved from <http://www.healthsoftinc.com/index.html>

# LVN On-Call Communication Protocols

---

September 23, 2011

## **Acknowledgements:**

The Texas Board of Nursing and the Texas Department of Aging and Disability Services would like to thank the following individuals for their contributions to the LVN On-Call Communications Protocol: Diane Moore, RN, CDDN, PPAT Representative and President of the Developmental Disability Nurses Association; Grace White, RN, Director of Nurses at MHMR of Tarrant County; Mary Alice White, RN, Executive Director of the Developmental Disability Nurses Association.